

**AMENDMENTS TO THE CLAIMS**

1. (Currently Amended) A method of treating lipodystrophy a human suffering from an abnormal lipid distribution disorder, the method comprising administering to said a subject a growth hormone and a statin-based therapeutic agent.
2. (Currently Amended) The method of claim 1, wherein said statin-based therapeutic agent and said growth hormone are provided in a single pharmaceutical composition.
3. (Currently Amended) The method of claim 1, wherein said statin-based therapeutic agent is provided in a first pharmaceutical composition and said growth hormone is provided in a second pharmaceutical composition.
4. (Original) The method of claim 1, wherein said growth hormone is recombinant growth hormone.
5. (Original) The method of claim 1, wherein said growth hormone has been isolated from an animal.
6. (Currently Amended) The method of claim 1, wherein said statin-based therapeutic agent is a lovastatin or a lovastatin analog.
7. (Currently Amended) The method of claim 1, wherein said statin-based therapeutic agent drug is selected from the group consisting of atorvastatin, pravastatin, simvastatin, lovastatin, and fluvastatin.

8. (Currently amended) The method of claim 1, wherein said lipodystrophy abnormal lipid distribution disorder is non-HIV-related lipodystrophy.

9. (Currently amended) The method of claim 1, wherein said lipodystrophy abnormal lipid distribution disorder is an HIV-related lipodystrophy abnormal lipid distribution disorder.

10. (Currently amended) The method of claim 9, wherein said HIV-related abnormal lipid distribution disorder lipodystrophy is associated with is selected from the atherogenic dyslipidemia, hypertriglyceridemia, elevated levels of cholesterol, elevated levels of low-density-lipoprotein cholesterol, andor low levels of high-density lipoprotein cholesterol.

11. (Original) The method of claim 1, wherein said subject manifests a symptom associated with diabetes related adiposity.

12. (Currently amended) The method of claim 11, wherein said symptom is selected from the group consisting of insulin resistance, beta-cell dysfunction, loss of first phase insulin secretion, impaired glucose tolerance (IGT), elevated endogenous glucose production, and excessive gluconeogenesis[,,].

13. (Original) The method of claim 1, wherein said subject is suffering from Type 2 Diabetes.

14. (Currently amended) The method of claim 11, wherein the subject is further treated for diabetes, the method comprising administering an insulin secretagogue.

15. (Currently amended) The method of claim 14, wherein said insulin secretagogue is selected from the group consisting of a sulphonylurea[[]], tolbutamide[[]], chlorpropamide[[]], glimepiride[[]], glipizide[[]], glyburide[[]], a meglitinides[[]], repaglinide[[]], pramlintide[[]], morphilinoguanide[[]], acetylcholine[[]], a muscarinic agonist[[]], carbachol[[]], bethanechol[[]], beta-L-glucose pentaacetate[[]], chiro-inositol[[]], myo-inositol[[]], gastric inhibitory peptide (GIP)[[]] glucagon-like peptide-1 (GLP-1)[[]] and Exendin-4.

16. (Original) The method of claim 15, wherein said insulin secretagogue is a non-glucose dependent insulin secretagogue, and the combined effect of administering said growth hormone, statin and insulin secretagogue produces insulin release patterns capable of attaining glucose dependent, bi-phasic release characteristics with reduced likelihood of producing hypoglycemia.

17. (Original) The method of claim 1, wherein said subject is further treated with leptin.

18.-24. (Cancelled)